



STATE OF WEST VIRGINIA
OFFICE OF THE ATTORNEY GENERAL
DARRELL V. MCGRAW, JR.
CONSUMER PROTECTION DIVISION / PRENEED FUNERAL UNIT
1-800-368-8808 or 304-558-8986



<http://www.wvago.us>

E-Mail: consumer@wvago.gov

PRENEED FUNERAL COMPLAINT QUESTIONNAIRE

1. PARTY COMPLAINING

Name:

☐ Mr. ☐ Mrs. ☐ Ms.

Address:

City: State:

County: Zip Code:

Home Telephone:

Work Telephone:

Cell Telephone:

Email:

Best time to contact me:

2. COMPLAINT AGAINST

Business Name:

Address:

City: State:

County: Zip Code:

Telephone:

Name of person you dealt with:

Title:

3. Date of Transaction or Occurrence:

4. Product or Service Involved:

5. Total Price or Monetary Value Involved:

6. Terms of Payment: ☐ Cash ☐ Loan
☐ Check ☐ Credit Card ☐ Installment
☐ Other _____

Loan – Installment - Finance Company Name:

7. Have you complained to the business? ☐ Yes ☐ No

If Yes, date you complained: _____

What action was taken by the business: _____

8. Have you filed this complaint with any other agency or organization? ☐ Yes ☐ No

If Yes - Identify organization: _____

What action was taken? _____

PLEASE CONTINUE TO OTHER SIDE

9. Where did first contact between you and the business take place? ☐ At my Home ☐ At the Business
☐ I received a phone call from Business. ☐ I called Business
☐ I received information in the mail. ☐ TV/Radio/Print Ad

10. Where did the purchase or transaction take place? ☐ At my Home ☐ At the Business
☐ Over the Telephone. ☐ By Mail ☐ No Transaction
☐ Other: _____

11. Did you sign a contract? ☐ Yes ☐ No

12. Please describe your complaint in detail. Use a separate sheet of paper if necessary.

20. What do you feel would be a fair resolution of this matter?? _____

The information you provide will be used in efforts to resolve your problem and may be shared with the party complained against. It may also be used to enforce applicable state laws.

I hereby authorize any party to whom the Attorney General directs this complaint to release any and all information about this matter, including account information, to the Attorney General's Office.

I certify that all information on this form is true and accurate, and that I have the legal authority to submit this claim.

SIGNATURE (Required)

DATE

AGE

Return this form and copies of your papers to:

Office of the Attorney General
Consumer Protection Division
PO Box 1789
Charleston, WV 25326-1789